

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -3 AM 11: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M96000000499

1. Entity Name
AUTUMN PINE APARTMENTS L.L.C.

Principal Place of Business
3900 OLD SUNBEAM RD
JACKSONVILLE FL 32257

Mailing Address
B & M MANAGEMENT CO
P O BOX 241402
MONTGOMERY AL 36124-1402



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Autumn Pine Apts.

3. Mailing Address

Suite, Apt. #, etc.
P.O. BOX 32382

Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State

Zip
32237

Country
US

Zip

Country

4. FEI Number
63-1185189

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name
Autumn Pine Apts.

Street Address (P.O. Box Number is Not Acceptable)
3857 Jacksonville Rd Apt 94

City
Jacksonville FL Zip Code
32257

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

MGRM
BLANCHARD, JOHN D
9842 WYNCREST CIRCLE
MONTGOMERY AL 36117

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

MGRM
MILLER, SAMUEL L
9842 WYNCREST CIRCLE
MONTGOMERY AL 36117

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

700003266647--4
-05/25/00--01059--016
*****50.00 *****50.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Change Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Deborah J. Fiquiera* Date: *4/28/00* Daytime Phone #: *384-285-1411*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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